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Request 09/853,233 Application Number For May 11, 2001 Continued Examination (RCE) Filing Date **Transmittal** First Named Inventor Steven T. Harshfield Address to: 2823 Art Unit Examiner Name W. Coleman

Attorney Docket No.

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June

8, 1995, or to any design	application.					
amendments enclo	uired under 37 CFR 1.114 Note: If the Rosed with the RCE will be entered in the order i wish to have any previously filed unentered an	n which they were f	filed unless applica	ant instructs otherwise. If		
	sly submitted. If a final Office action is ou considered as a submission even if this b			after the final Office action		
i. Con	i Consider the arguments in the Appeal Brief or Reply Brief previously filed on					
ii Othe	ər					
b. x Enclosed						
i. Ame	endment/Reply iii. X	Information Dis	closure Stateme	nt (IDS)		
	x					
ii Affic	davit(s)/Declaration(s) iv.	Other Petition	on to Withdrav	From Issue		
2. Miscellaneous						
a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a						
period o	f months. (Period of suspens	ion shall not exceed	d 3 months; Fee u	nder 37 CFR 1.17(i) required)		
b. Other						
3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.						
a. X The Director is hereby authorized to charge the following fees, or credit any overpayments, to						
<u> </u>	Account No. 04-1073	the state				
i. X RCE fee required under 37 CFR 1.17(e)						
ii Extension of time fee (37 CFR 1.136 and 1.17)						
iii. X Other Fee required for Petition Under 37 CFR 1.313(c)						
b. Check in the amount of \$ enclosed						
c. X Payment by credit card (Form PTO-2038 enclosed)						
		SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
	SIGNATURE OF APPLICANT, ATT	ORNEY, OR AC	SENT REQUIR	ED		
Name (Print/Type)	SIGNATURE OF APPLICANT, ATT	1	(Attorney/Agent)	28,371		

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